

## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**SMALL PARTICLE COMPOSITIONS FOR INTRANASAL DRUG DELIVERY**

the specification of which

(check one) ☐ is attached hereto.

☐ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

8924935.3	U.K.	Nov. 4, 1989	Priority Claimed
(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
(NUMBER)	(COUNTRY)	(DAY/MONTH/YEAR FILED)	<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

07/842,351	Mar. 24, 1992	pending
(APPLICATION SERIAL NO.)	(FILING DATE)	(STATUS) (PATENTED, PENDING, ABANDONED)
PCT/GB90/01676	Nov. 1, 1990	
(APPLICATION SERIAL NO.)	(FILING DATE)	(STATUS) (PATENTED, PENDING, ABANDONED)

If more space is needed for any of the above categories, please continue on an additional form and SIGN.

I HEREBY APPOINT THE FOLLOWING AS MY ATTORNEY OR AGENT(S) WITH FULL POWER OF SUBSTITUTION TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT OFFICE CONNECTED THEREWITH:

Name	Reg. No.	Name	Reg. No.	Name	Reg. No.
Anthony M. Lorusso	25,059	Barbara A. Barakat	32,190	Scott R. Foster	20,570
George A. Loud	25,814	Anne I. Craig	32,976		
Arthur A. Smith, Jr.	24,178	Thomas M. Saunders	29,585		

SEND CORRESPONDENCE TO:

NAME	PHONE NO.	STREET	CITY & STATE	ZIP CODE
Lorusso & Loud	(617) 227-0700	440 Commercial Street	Boston MA	02109

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

LISTING OF APPLICANTS CONTINUED ON PAGE 2 HEREOF. ☐ YES ☐ NO

Full name of sole or first inventor Lisbeth ILLUM

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence 19 Cavendish Crescent North, The Park, Nottingham, NG7 1BA, England

Citizenship Denmark

Post Office Address same as above

Full name of second joint inventor, if any \_\_\_\_\_

Second Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of third joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_